



# New Residential Dwelling

Town of Herndon – Building Inspections  
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<p><b><u>Site Location:</u></b></p> <p>Address: _____</p> <p>Model Type: _____ Lot# _____</p> <p><b><u>Owner Information:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p><b><u>Architect/Engineer:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>License #: _____ Exp: _____</p> <p><b><u>Contractor Information:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>State License#: _____ Exp: _____</p> <p>Phone Number: _____</p>	<p style="text-align: right;">PERMIT #: _____</p> <p><b><u>Project Information:</u></b></p> <p>Est. Construction Cost: \$ _____</p> <p>Building Height: _____ # of Kitchens: _____</p> <p># of Stories: _____ # of Rooms: _____</p> <p># of Bedrooms: _____ # of Bathrooms: _____</p> <p>Roof Type: _____ Garage: _____</p> <p>Basement Finished: _____</p> <p>Water Meter Size: _____</p> <p>Total Square Footage: _____</p> <p>Footprint Square Footage: _____</p> <p><b><u>Lien Agent Information:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p><b><u>Submitter Information:</u></b></p> <p>Name: _____</p> <p>Phone Number: _____</p> <p>E Mail: _____</p>
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I hereby certify that I have the authority to make this application, that the information given is correct, and that use and construction shall conform to County Health Regulations, Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property. Furthermore, I certify that all materials used for work performed under this permit will be paid directly to the supplier by the property owner, and that all compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Print Name \_\_\_\_\_